



Application for Free Talking Book & Braille Library Service

Kentucky Talking Book Library
PO Box 537
Frankfort, KY 40602-0537

KY Toll-Free 1-800-372-2968

Local (502) 564-8300 ext. 276

Please print. Information given on this application is confidential and is not for public release.

Name _____
First Middle Last

Mailing Address _____
Street address or PO Box (include name of residential facility, apt. #, room #, etc)

City County State Zip

Phone No _____ Email _____

Sex _____ Date of Birth _____

Spouse's Name _____ Parent's Name _____
(If applicant is under 18 years of age)

Name of relative or close friend to contact in the event that you cannot be reached (cannot live at your address):

Name _____ Relationship _____

Address _____ Phone _____

_____ Email _____

Has the applicant ever been a patron of a Talking Book/Braille library?
_____ Yes _____ No

If so, where _____ When _____

By law, preference in lending books and equipment is given to veterans. Please check here if you have been honorably discharged from the Armed Forces of the United States. _____

Playback Equipment & Accessories

Playback equipment and special accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Kentucky Talking Book Library.

<input type="checkbox"/> Digital Talking Book player	<input type="checkbox"/> Pillow Speaker (bedfast only)
<input type="checkbox"/> Braille books	<input type="checkbox"/> Solar battery charger (no access to electricity)
<input type="checkbox"/> Headphones (for patrons with hearing loss or in group settings)	<input type="checkbox"/> Amplifier (for profound hearing loss only; separate application required)

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

The following persons are eligible for service: Residents of the United States, including territories, Insular possessions, the District of Columbia, and American citizens living abroad.

1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
2. Other physically handicapped persons are eligible as follows:
 - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.
 - (b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations.
 - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner. Competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

Certification

Visual and physical disabilities MUST BE CERTIFIED by one of the following: doctor of medicine or osteopathy, optometrist, librarian, professional staff of hospitals, institutions, public/welfare agencies – such as nurses, case workers, social workers, counselors and rehabilitation teachers. The Certifying Authority must not be related to the applicant.

Check the one **primary disability** preventing the applicant from reading standard print.

<input type="checkbox"/> Blindness	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Visual Disability
<input type="checkbox"/> Deaf/Blind	<input type="checkbox"/> Reading Disability (MUST BE CERTIFIED BY A DOCTOR OF MEDICINE OR OSTEOPATHY)	

Print Name of Certifying Authority _____

Title/Occupation _____ Phone _____

Address _____

City _____ State _____ ZIP _____

I hereby certify that the applicant named above has requested library service and is unable to read or use standard printed material for the reason indicated.

Certifying Authority Signature _____ Date ____/____/____

Reading Preferences

I object to books with:

_____ Explicit Sex _____ Violence _____ Rough Language _____ Long Books

I wish to receive books in the following languages: _____

Check Preferred Reading Level:

_____ Adult _____ Young Adult _____ Juvenile _____ Preschool

For students, please indicate reading comprehension level by grade: _____

My librarian may make selections from the categories below if I run out of my own requests.

_____ Yes _____ No

Reading Interests

_____ Adventure	_____ Health	_____ Poetry
_____ Animals	_____ Historical Fiction	_____ Psychology/Self-Help
_____ Best Sellers-Fiction	_____ History—U.S.	_____ Religion
_____ Best Sellers-Non-Fiction	_____ History—World	_____ Romance—Period
_____ Biography	_____ Hobbies & Crafts	_____ Romance—Modern
_____ Business/Economics	_____ Horror	_____ Science
_____ Christian Fiction	_____ Humor	_____ Science Fiction
_____ Cooking	_____ Kentucky Fiction	_____ Short Stories
_____ Disabilities	_____ Kentucky Non-Fiction	_____ Suspense/Thrillers
_____ Family Stories	_____ Literature—Classic	_____ Sports
_____ Fantasy	_____ Literature—Modern	_____ True Crime
_____ Film Biography/History	_____ Music Biography/History	_____ Travel
_____ Fine Arts	_____ Mysteries	_____ War—Fiction
_____ Gardening	_____ Nature	_____ War—History
_____ Govt., Law, & Politics	_____ Occult & Supernatural	_____ Westerns

Interests or Favorite Authors _____

I would like information on audio magazines and/or NFB Newslines®: _____

I would prefer catalogs and newsletters in:

_____ Large Print _____ Braille _____ Audio _____ E-mail

This project is supported by the Institute of Museum and Library Services under the provisions of the Library Services and Technology Act as administered by the Kentucky Department for Libraries and Archives.

Kentucky Talking Book Library Borrower's Agreement

As a patron of the Kentucky Talking Book Library, you will have certain responsibilities. Please read the following, then sign and date it to indicate you are aware of our policies. (Please keep in mind that "books" refers to Braille or Talking Books.)

- I understand that books are on loan for 30 days, and must be returned to the Kentucky Talking Book Library within that time.
- I understand that I must request and return at least 1 book every 6 months in order to remain an active patron.
- I understand that all equipment is the property of the Library of Congress, I must take reasonable care of it, and I must return it to the Kentucky Talking Book Library if I am no longer actively using the Talking Book program.
- I understand that I must notify the Kentucky Talking Book Library anytime my name, address, or telephone number changes.
- I understand that I must not lend or give Talking Book equipment or reading materials to any other person.

To be signed by the person who will be using Talking Books, or if that person is unable to sign, the person who will be responsible for all Talking Book Library materials.

Date

**Free matter for the Blind
and Physically Handicapped
DMM 703.5**

**Kentucky Department for Libraries & Archives
Kentucky Talking Book Library
PO Box 537
Frankfort KY 40602**

